U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1 File Number U - 7377		2 Fiscal Year Covered From					
·		[1 / 1 / 20	04 Through	12/31	2004	
3 Name and address of person filing		4 Name, file number, and address of labor organization					
Name Sam H May		Name International Brotherhood of Boilermakers					
		Labor (Organization File Num	ber 000-074			
P O Box, Bidg , Room No , if any		P O Box, Building and Room Number, if any Suite 570					
Street 503 Westfield Place		Street 753 State Avenue					
City Jasper		City Kansas City					
State Tennessee ZI	Code + 4 37347	State	Kansas		ZIP Code + 4	66101	
5 Position in labor organization Int'l Vice	e President Southeast	Area					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6 Name and address of Employer (including trade name, if any) 7 a Nature of Interest, Transaction, or Income							
Trade Name, if any							
P O Box, Bldg , Room No , if any		7 b Amount					
Street							
City							
State Other ZII	Code + 4						
Signature							
15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)							
Signed Am H M		On [8-10-0-5 Date	(423) 942-	-0126 Telephone Numb	er	
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Name of Person Filing Sam May	File Number U-						
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested							
8 Name and address of Business (including trade name, if any) Name Financial Counselors Incorporated Trade Name, if any F C.I. PO Box, Bidg, Room No, if any Street 442 West 47th Street City Kansas City State Kansas ZIP Code + 4 64112	9 Business deals with a Labor Organization b Trust c Employer						
10 If 9 b or 9 c is checked give trust or employer's name Name Health & Welfare Trust and Pension Trust Trade Name, if any F C I P O Box, Bidg , Room No , if any	11 a Nature of such dealing Money Managers on Health & Welfare \$125,000,000 Pension Trust \$171,000,000						
Street 442 West 47th Street City Kansas City State Kansas ZIP Code + 4 64112	11 b Approximate dollar value of such dealing \$296,000,000 12 a Nature of Interest held or income received December 12, 2004 Christmas Poinsettias						
	12 b Amount	\$38					
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value							
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment						
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment.						